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(Signature)
(Date)

APPLICATION NO.	FLING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/003,809	10/23/2001	Andrew R. Perlisch	SAL 1628	4902

TITLE OF INVENTION: METHODS AND SYSTEMS FOR RECOVERING A FAILED PRINT JOB

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
Nonprovisional	NO	\$1460	\$340	\$0	\$1700	01/08/2002

EXAMINER	ART UNIT	CLASS-SUBCLASS
LAM, ANDREW R	2628	358-001146

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363): <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address Form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" indication form PTO/SB/47, Rev 03-07, or more recent) attached. Use of a Customer Number is required.	2. For printing on the patent front page, list: (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	<i>KRIEGER INTELLECTUAL PROPERTY</i> <i>SCOTT C. KRIEGER</i>
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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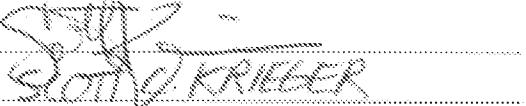
(A) NAME OF ASSIGNEE
SHARP LABORATORIES OF AMERICA, INC. (B) RESIDENCE: (CITY and STATE OR COUNTRY)
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Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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Authorized Signature 
Date **11/16/2001**
Typed or printed name **SCOTT C. KRIEGER**
Registration No. **42,768**

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